

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 856761	RECEIPT DATE:	05 / 23 / 01
IA NUMBER:	PCT/ IL99 / 00639	IA FILING DATE:	11 / 26 / 99
FAMILY NAME:	AKERMAN	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	SHMUEL	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	11 / 27 / 98
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	032/02161	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 2127909200
			FAX

NAME: WILLIAM H DIPPERT
COWAN LIEBOWITZ & LATMAN
STREET: 1133 AVENUE OF THE AMERICAS

CITY: NEW YORK
STATE/COUNTRY: NY ZIP: 100366799

EMAIL:

APPLICATION TITLES:

METHOD FOR FORMING A PERSPECTIVE RENDERING FROM A VOXEL SPACE

TAB TO LAST POSITION,PUSH SEND



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COMMISSIONER FOR PATENTS
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WASHINGTON, D.C. 20231
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Bib Data Sheet

CONFIRMATION NO. 3117

SERIAL NUMBER 09/856,761	FILING DATE 05/23/2001 RULE	CLASS 703	GROUP ART UNIT 2123	ATTORNEY DOCKET NO. 032/02161
APPLICANTS Shmuel Akerman, Binyamina, ISRAEL; Gad Miller, Tel-Aviv, ISRAEL;				
** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/IL99/00639 11/26/1999				
** FOREIGN APPLICATIONS ***** ISRAEL 127314 11/27/1998				
** SMALL ENTITY **				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Allowance <i>Lance M. Sealey</i> Acknowledged Examiner's Signature Initials		STATE OR COUNTRY ISRAEL	SHEETS DRAWING	TOTAL CLAIMS 49
				INDEPENDENT CLAIMS 1
ADDRESS William H Dippert Cowan Liebowitz & Latman 1133 Avenue of the Americas New York, NY 10036-6799				
TITLE Method for forming a perspective rendering from a voxel space				
FILING FEE RECEIVED 691	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	